

Location:		Hosp. Reg. #:	Room/Case# /	Date Reviewed:	Reviewed By:
PERI-OPERATIVE/PERI-PROCEDURAL DOCUMENTATION CHECKLIST					
Informed Consent	Yes No N/A	Comments:			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Informed Consent Form is complete, to include patient/guardian's signature with date and time, reflecting consent prior to procedure.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> There is written consent for each procedure requiring it.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> There is accompanying provider documentation in the medical record outlining the Risks, Benefits and Alternatives discussed, to include the Risks of not having the procedure performed.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written consent for anesthesia is also present and complete, if indicated.				
History & Physical	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written consent for blood products is also present and complete, if indicated.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> There is a complete History and Physical, dated no earlier than 30 days prior to registration or admission.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If the H&P was completed earlier than 24 hours prior to the procedure, there is an H&P Update conducted, and documented within the 24 hours prior to the procedure.				
Pre-Anesthesia	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> There is evidence that the H&P Update involved a face-to-face assessment of the patient by the provider completing the update.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A pre-anesthesia assessment was conducted by an LIP with appropriate clinical privileges, or House Staff working within the scope of their defined responsibilities.				
Intra-OP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The pre-anesthesia assessment was conducted no earlier than 48 hours prior to the procedure.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The Pre-Procedural Time Out is documented in the medical record.				
Post-OP/Post-Procedure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A pre-induction anesthesia assessment is conducted immediately prior to induction and documented in the medical record.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> An abbreviated post-op/post-procedure note is entered into the record before the patient is released to the next level of care.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> The post-op/post-procedure note contains the minimum required elements				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (1) The name(s) of the LIP(s) who performed the procedure and his or her assistants.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (2) A description of the procedure.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (3) Findings of the procedure.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (4) Any estimated blood loss.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (5) Any specimens removed.				
Post-OP/Post-Procedure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (6) The postoperative diagnosis.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A pre-discharge assessment is documented prior to the patient being released from recovery.				
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All discharge criteria are addressed in the pre-discharge assessment.				
Additional Observations:					